

## MOYNIHAN OF LEEDS

Moynihan Centenary Lecture delivered at the Royal College of Surgeons of England  
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by

Sir Geoffrey Keynes, M.D., F.R.C.P., F.R.C.S., F.R.C.O.G.

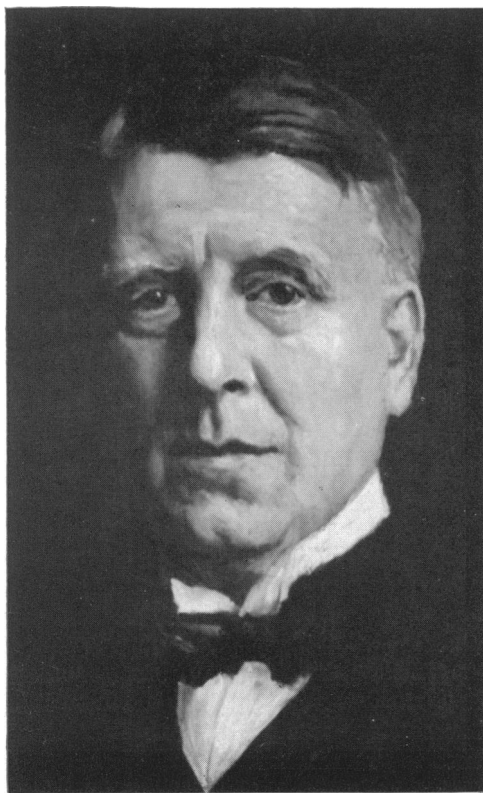


Fig. 1. Lord Moynihan. Detail from the portrait by Herkomer.

“THIS IS LISTER’S YEAR. One hundred years ago Lister was born.” With these words Sir Berkeley Moynihan (Fig. 1) opened an address at King’s College Medical School in October 1927. To-day I can say: “This is Moynihan’s year. One hundred years ago Moynihan was born.” This event took place in a humble house in Malta on 2nd October 1865; there is now a memorial tablet on the house-front. His father, Lieutenant Andrew Moynihan, had entered the army immediately on leaving school and had attained the rank of sergeant when he married at the age of 22 in

1853. In 1855 he took part in the siege of Sevastopol and during the fighting rescued under heavy fire more than one wounded officer with great gallantry. For this he was awarded the Victoria Cross and given a commission. In June 1857 he was among the very first group of men to receive the new decoration at the hands of the Queen. An interesting biological fact in Andrew Moynihan's history was the age of his mother at his birth. She was 55, thus demonstrating that elderly parents do not necessarily produce effete offspring.

As the name implies, the Moynihan family came from Ireland, Andrew's father, Malachi, also a soldier, having emigrated from Tipperary to Yorkshire early in the 19th century.

Berkeley Moynihan's origin from the happy land of blarney and literary genius must never be forgotten. It provides the clue to so much of the qualities that made the man so memorable and so worthy of being honoured in our College to-day.

Through his boyhood and adolescence Berkeley Moynihan was always resolved to be a soldier like his father. Andrew had died of Malta fever when his son was still under three years old, but his gallant image had naturally impressed itself on the boy's mind. Through his school days at Christ's Hospital and the Royal Naval School at New Cross he kept to his intention of entering the army. Not till he was 18 did he realize his mother's aversion to the career he had chosen. He then suddenly decided to please her by announcing that he had changed his mind and was going to be a doctor. "The Moynihans", he said, "have done enough killing. It's time they mended their ways! And I'm going to be the first to do it." Only gradually did it emerge that he intended to join the Royal Army Medical Corps. So it came about that in 1883 he entered the Medical School in the Yorkshire College and the Leeds General Infirmary. From this point onwards Moynihan's medical career was one of uniform success. He never failed in an examination. He won all the prizes open to him. As a student he worked 14 hours a day, rising to 16 before examinations. His memory was prodigious. His energy, both mental and physical, seemed to be unlimited.

In his later years, having listened to an almost unbelievable tale of things accomplished, I was unwise enough to ask, "But, Sir, don't you sometimes get very tired?" Instantly the answer came, "I have never been tired in my life." The words rang out, almost with a note of indignation, certainly with all the force of conviction. I was left stunned, but filled with the sense that here was a man of extraordinary vitality and stamina, who, even if he were tired, was never going to admit it. This combination of mental and physical toughness with an iron will to drive on to the limits of ordinary human endurance, or beyond it, helps very much to explain Moynihan's achievement in a profession which demands everything that a man can give. Moynihan was proud to give it.

Writing to his nephew, Andrew Claye, on his 10th birthday in 1905 he expressed his pleasure that the boy had won a scholarship, but took the opportunity to remind him that the *master word* is *work*. Yet to soften the harsh reminder he undertook to double the scholarship and enclosed £20 as a first instalment.

The decision to abandon all idea of army doctoring and to turn his mind solely to surgery came through his association first with McGill as surgeon's dresser and then with Mayo-Robson as house surgeon. For McGill he entertained the most profound admiration. He afterwards said of him that "his brain was so nimble that a needle of thought had no sooner entered it than it had penetrated, emerged threaded, and McGill had begun to sew"—a very apt simile in a surgical connexion. The same might have been applied to Moynihan himself. His mind was never at rest, for ever consciously or unconsciously turning over the problems in his daily practice and seeking for advances in knowledge or technique. He once told me that many of his best ideas had come to him in his bath.

With McGill he assisted at the first operation performed for prostatectomy. He afterwards related that McGill had removed what he believed to be "a tumour at the base of the bladder". Moynihan had then examined the tissue under the microscope and found that it was prostatic. "I felt", he said, "that I had the chance to twit my beloved chief with his error. His reply when I told him of his mistaken diagnosis was, 'Then why don't we always take the prostate out when it projects into the bladder?'"—and so the operation of prostatectomy was born.

With Mayo-Robson Moynihan witnessed major advances in surgery, particularly in the surgery of the biliary system, and he delighted to testify to his qualities as "a surgeon of the very highest rank, supreme in technical skill, adventurous in search of truth, restless in eager desire to seek better and still better methods of relieving the sufferings of mankind, of infinite resource, tender, compassionate, merciful". Is it possible that Moynihan in this description (it was made at the time of Mayo-Robson's death in 1933) was really expressing the image that he had formed, perhaps unconsciously, of himself? No-one was ever more self-conscious, and his ideals were of the highest.

Moynihan qualified after four years' work in 1887. In addition to taking the qualifying examinations he had passed the Primary Fellowship; when he sat for this he was questioned in his oral by the great Cambridge physiologist, Sir Michael Foster. In after years he was accustomed to tell his students how he gave an answer which his examiner said was wrong. He protested that it was right and was asked for his authority. To this he answered, "Sir Michael Foster's textbook". The book was fetched and he was proved right. His fellow students wondered how he had dared to be so confident. "But you see," he said, "I knew the whole book by heart." I am not sure what the moral of this story may be.

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In 1890 he achieved the Fellowship of the Royal College of Surgeons and was appointed R.S.O. at the Leeds Infirmary. He had arrived with the advancing wave that was carrying abdominal surgery to hitherto unimagined triumphs and he made the most of his opportunities. He accumulated immense experience on which to found further technical advances. He forgot nothing. By 1893 he was as competent a surgeon as any in Britain, with an assurance that communicated itself to all with



Fig. 2. Sir Berkeley Moynihan with Lady Moynihan.

whom he came in contact. The general pattern of his life had been established—unhurried achievement with time for everything, human relationships as well as careful attention to the details of professional life. In later years he observed of himself, “I have never been busy—merely occupied”, and this may be set beside the assurance that he was never tired.

His appearance at this time has been described by his biographer as that of a man rather taller than his actual height of about six feet. He carried

himself well and achieved dignity without pomposity. His mobile features were distinguished rather than handsome and the general effect was pleasing. His skin had an "opaque pallor" accentuated by hair of a violent red. These physical details became unimportant in comparison with the charm and vivacity of his whole demeanour, for he bubbled with good humour and diffused a sense of fun to all around him.

In 1895 Moynihan married Isabel Jessopp, daughter of his revered senior surgeon at the Infirmary (Fig. 2). This partnership was to be of immense importance to him as the background of his public life. In later years, when Isabel's deafness had seemed to an outsider to make her a relatively insignificant figure, her husband's devotion never flagged. When in the fulness of time she died on 31st August 1936 he was a broken man and was unable to survive. Six days later he consummated his debt to her by his own death.

Having finished his three years as R.S.O. Moynihan began to establish himself in private practice at 33 Park Square, and in 1894 applied for a position on the staff of the Infirmary. He was confident of success, but was not elected. This was a serious blow to his self-esteem, and his biographer more than hints that it was partly due to his growing arrogance and self-importance. He was still under 30, but his career so far had been one of uniform success. He could not be unaware that in almost every way he was a favourite of the gods. He had begun to think he was unbeatable, and he admitted in after years that the lesson was salutary.

Less than three years later, in 1896, Moynihan had his second chance and this time was successful. He was 31 and the world of surgery was waiting to be conquered. In the 18 years from 1896 to 1913 he made 134 contributions to surgical literature. The value of a surgeon's contribution to his art is not to be computed by the number of his publications in periodicals, but it is significant that the range of subjects covered by Moynihan was remarkable, and that it was not until 1905 that he published his first book, with the title *Abdominal Operations*. He had been accumulating careful records for nearly 10 years before presuming to put his name on the title-page of a book, and when he did so he was already widely recognized as a master in the particular branch of surgery of which he wrote. The composition of this book was done during the years when his practice was growing rapidly, so that his time was fully occupied by his work at hospital and nursing home. But extra time could still be found before his real day's work began. He would write for two hours before breakfast from six o'clock till eight. These hours were devoted to his book for three years, 1903 to 1905. The book went into four editions by 1926, and undoubtedly had immense influence in Britain and America, indeed, all over the world, in raising the standard of abdominal surgery. Probably it is seldom read by students to-day, but so much of its teaching has become the common currency of surgical practice that its influence is no longer

consciously felt or associated with its author's name. This is after all the truest fame—to be anonymous because taken for granted.

Moynihan's later books were on *Duodenal Ulcer*, on *Gall Stones*, on *Retroperitoneal Hernia* and on *The Spleen*, together with several volumes of collected essays and addresses.

His surgical field was always general rather than special. He was not what might be called "a good all-round specialist" like his father-in-law, Jessopp, but his interests were wide. Nevertheless his greatest pride lay in what he had done for the elucidation of the duodenal ulcer, which had always baffled the physicians in its diagnosis and eluded the surgeons until it perforated. He claimed in no uncertain terms that he had first established the paramount importance of "hunger pain" coming on some time after a meal and being relieved by taking more food. He also claimed, perhaps rather more than was right, for the value of operation as against medical treatment. Controversy, such as Moynihan enjoyed, raged around this subject for many years during his life and afterwards; but it is the name of Moynihan that will always be associated with the first realization of the high incidence of duodenal ulcer. It became so common indeed during the 1920s and 1930s that it seemed as though Moynihan had created a new disease of civilization merely by drawing attention to it.

It was his investigation of duodenal and gastric ulcers that led to the coining of one of his favourite phrases, "the pathology of the living". He drove the concept rather hard and tended to discredit the idea by excessive reiteration, but there was a profound truth in his insistence on the value of knowledge gained by ocular inspection of living tissues at operation rather than dependence on evidence gained from the post-mortem table. As an example of this he asserted that a surgeon practising surgery of the biliary system would in a given time attain far more knowledge of the pathology of diseased conditions of these parts than if he had witnessed every single post-mortem done in the hospital over the same period. With a living patient he could "co-ordinate the details of the patient's history, amplified and more closely scrutinized, after the operation, with those morbid changes of which the operation had made him fully cognizant". It was in addition an encouragement to physicians to come and see their patients on the operating table, provided they could be made to observe the elementary rules of asepsis in the theatre. This was the modern extension of William Harvey's claim that the examination of one body dead from disease was of more value than the anatomies of ten healthy people who had been hanged.

Another of Moynihan's special interests was the surgery of the spleen. His book on this subject was a wise appraisal of the value of splenectomy in a great variety of conditions. It contained almost nothing about operative technique, since he considered that this presented few difficulties except in splenic anaemia. Nevertheless, to see Moynihan deal with a

large and adherent spleen was one of the most startling surgical feats imaginable. It was done in a matter of seconds rather than minutes, the work of a conjuror rather than of a surgeon. He regarded rapidity as life-saving in this difficult situation, and in his hands it certainly was.

Moynihan's work on the pathology of gastric and duodenal ulcers had naturally provided him with much effective ammunition in arguments with sceptical physicians. In 1909 he conducted a most enjoyable controversy with a formidable opponent, Dr. Robert Hutchison, who regarded the group of symptoms associated by Moynihan with duodenal ulcer as evidence only of "functional disorder", and had written a letter to the *British Medical Journal* to that effect. In his reply Moynihan said: "I read, I think, everything which Dr. Hutchison writes upon the question of stomach derangements, and I am always convinced that the views he so ably expounds are fundamentally inaccurate." Having enlarged on this, he concluded his letter with the words: "Dr. Hutchison does not tell us what knowledge he possesses as to the condition of the viscera of the patients in the early stages he describes. Before he can predict what is or is not present he must enlarge his experience of the pathology of the living. Then, and not till then, is he qualified to pose as a critic; not until then can he speak with full authority. I shall consider it a privilege to equip him with this necessary experience, and to furnish him with the material upon which alone a sound opinion can be based" (*Brit. med. J.*, 27th March 1909).

Arrogant, you may think; but he was right.

Moynihan was not handicapped by possessing any trace of modesty. He was pleased with his success in surgery and with the innovations he had made; he enjoyed the dominant position he had achieved in the surgical world, and was especially proud that the position had been reached by a surgeon working in the provinces. Once for all he had disproved the popular idea that the best surgery could be found only in the metropolis. He took a boyish pleasure in telling other people of his satisfaction so that it could be shared. This could not be called "bragging", because he was telling the truth. I remember in one of many exciting conversations that we had together he was enumerating the various procedures for which he claimed priority. Among these was blood transfusion, saying that he had been the first to perform it successfully in this country. Thinking that I myself knew a good deal about the history of transfusion, I expressed polite surprise, but later found that he had indeed performed transfusions from 1906 onwards. He had first tried direct transfusion by Crile's technique with little success, but after having instruction from Crile himself had obtained some satisfaction from this method. He also used several other ways of doing it, but preferred the syringe technique to all others. Knowledge of blood groups was not widespread until 1910, but doubtless Moynihan did not lag behind in this respect.

It is fitting that in this College we should pay homage to the memory of the man who brought surgery to the highest pitch that was possible in his day. His testament can be read in his address entitled "The Approach to Surgery" delivered at King's College Hospital in 1927. Moynihan was then within 10 years of his death and his views were crystallized from the experience of 40 years of modern surgical technique. He regarded surgery as more than an applied science. It was a science of exact observation, of inductive reasoning, of pursuit and discovery of broad truths. Moreover it dealt with a medium of incomparable beauty—the tissues of the human body. He deprecated the attitude of some surgeons that they were mere executants, since they were in truth experimental biologists. He was fond of repeating his remark, first made in 1920, that every operation was an experiment in bacteriology, and in those days it was all too true. Immense efforts are now made to render this somewhat cynical remark untrue with disappointing lack of success. But Moynihan also carried his concept further than this. He liked to say that the surgeon is an experimental biologist in the way he handles tissues, in his constant efforts to make them perform new functions at his command, in his observations of new facts, in his ability to connect unsuspected causes with remote effects. Lister had never performed an abdominal operation, yet his work as experimental biologist had borne fruit which to him would have been unthinkable. Moynihan enlarged this theme to create an image of the surgeon as virtually high priest at a sacrament, the operating table being the altar at which the ritual was performed. His assistants he compared to acolytes, the audience to a congregation. This comparison of a surgical ritual to a religious ceremony may seem slightly absurd to-day, but it was not absurd as recently as 1920. There was much carelessness in many other clinics, and if Moynihan's example were to carry influence, some exaggeration and dramatization was justified as a means to an end. In his early days he had been ridiculed for insisting on changing his ordinary clothes for sterilized white garments before entering an operating theatre and for his use of rubber gloves while operating. A visiting surgeon from France, seeing him change his ordinary footwear for clean white shoes and then envelop them in sterilized linen bags, asked his neighbour, "Is he then going to *stand* in the patient's abdomen?" Even as late as 1926 the students thought it a good joke to present Lady Moynihan at a function with an appropriate bouquet (of rubber gloves) (Fig. 3).

Moynihan carried the principle of keeping his hands clean far beyond the operating theatre. He had them manicured once or twice a week and wore cotton gloves while going about his ordinary avocations. The ritual of hand washing before operations was carried to great lengths and he was one of the earliest advocates for washing in running sterile water. Even the soap, itself a bactericidal agent, was kept in an antiseptic fluid. Equally careful attention was given to the cleaning of the patient's skin and to covering it completely when the first incision had been made.



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Moynihan would quote William Blake's dictum: " Art and science cannot exist but in minutely organized particulars."

I need not enlarge on the details of this ritual, most of it now so commonplace. The point was its completeness and its rigidity at a time when many other surgeons would have regarded it as unnecessary. Moynihan trained his assistants with the utmost care, and no lapse passed unnoticed. So constantly was his theatre attended by congregations coming from all



Fig. 3. The Bouquet, 1926.

parts of the world, that his example must have exerted an enormous influence everywhere. His physical presence was that of a man of remarkable freshness and cleanliness, always fighting fit. He was exceedingly proud of his hands (he had them cast in bronze), regarding them as the handsome servants of his controlling brain, and was always ready to admire the hands of others. I am not myself convinced that the precise shape of the hands of any individual has any particular meaning. I have known one of the greatest pianists of modern times whose fingers could

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only be compared to a bunch of bananas. Control is more important than form. Sometimes Moynihan would hand over the instruments to his assistant during an operation and tell his audience that he did so in order to enjoy watching the other pair of hands at work. He would say that the perfect surgeon must have the heart of a lion and the hands of a lady, not the claws of a lion and the heart of a sheep. Or again, "Infinite gentleness, scrupulous care, light handling and purposeful, effective, quiet movements which are no more than a caress, are all necessary if an operation is to be the work of an artist and not merely of a hewer of flesh." Any roughness in manipulating human tissues could never be forgiven.

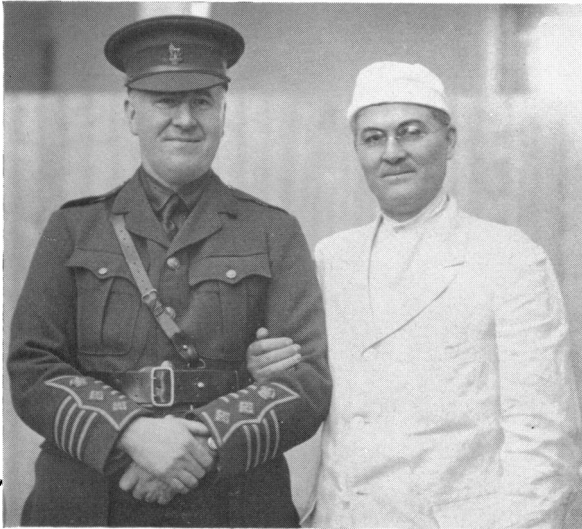


Fig. 4. Col. Sir Berkeley Moynihan with George Crile, Paris, 1914.

Nor was the patient ever forgotten as an individual. The most important person at an operation, he would say, is the patient. For the surgical team the whole affair may be a routine of little interest. For the patient it is often one of the most important events of his life. Remarks such as these may sound somewhat sententious and may become tedious by repetition, but all too easily their force can be forgotten. Moynihan never allowed himself to become oblivious of these simple truths.

His reputation had reached its zenith before the outbreak of war in 1914. He had been given a knighthood in 1912. He had succeeded in everything he had touched and it was natural that he should be appointed a surgical consultant to the army in France. So, after all, his early resolve to wear army uniform was gratified. (He is seen here with George Crile, Fig. 4.)

My first encounter with him was at a Casualty Clearing Station in Flanders, when one day he breezed into our operating tent during a time of heavy engagement. We were working at high pressure for anything up to 42 hours in 48, and we were sometimes very tired. Sir Berkeley's mere presence acted as a restorative. He emanated a feeling of encouragement and confidence. He was interested in our work, and we knew that he would do all he could to help us in our predicament, for he commanded the friendship of Sir Alfred Keogh, the Director of the Army Medical Service.

When the war was over I became Chief Assistant to George Gask in the first Professorial Surgical Unit created in London. Gask knew the value of visits to other clinics and one of the first we visited was Moynihan's at the Leeds Infirmary. I then first became aware of just how quietly efficient a surgical team could be, listened to the dresser's account of the patient's history and investigation read in the theatre, saw the surgeon afterwards making a sketch of exactly what he had seen at the operation as a contribution to the pathology of the living, and heard him discuss what he had done and the prognosis. We were then first introduced to the spectacle of an operating table draped with green towelling instead of the conventional white; Moynihan had used this means of reducing fatigue of the eyes since 1912. The next year after our visit Gask invited Moynihan to take charge of the Surgical Unit at St. Bartholomew's for a week, and we had the satisfaction of being able to watch him at work from behind his elbow. Not knowing what sort of assistance he was likely to be given in another hospital, he had brought with him his own assistant in the person of Digby Chamberlain, so that we were not allowed to take any direct part in the operations, but at least we could observe and learn how to behave.

Moynihan was at this time turning his thoughts towards the conquest of London, though he did not contemplate imitating Mayo-Robson by migrating in every sense of the word to the Metropolis. His loyalty to Leeds was unshakable, and even when he had to retire from the Infirmary at the age of 60 in 1926 he chose to keep his home and practice in Leeds. Being at the same time a member of the Council of the Royal College of Surgeons and afterwards President, he began to see more patients in London and decided to conduct a considerable practice there, usually operating at Lady Carnarvon's nursing home in Portland Place. Owing to his previous visit to St. Bartholomew's I had the good fortune to be chosen as his private assistant; soon Paterson Ross and, later, John Hosford were added to the team. The association continued for the next 10 years to our immense gain in surgical experience, general knowledge and entertainment. Digby Chamberlain has related that he used to be somewhat irritated by being told how perfect we were as assistants and that there were things that we did that he ought to copy. But when we

met we were able to tell him that exactly the same thing happened in reverse, and so amicable relations between London and Leeds remained undisturbed. We were all agreed that for sheer surgical technique we had never seen Moynihan's work equalled. Gentleness and respect for tissues were combined with unhurried efficiency. Unnecessary movements were eliminated so that speed was achieved without its being realized. "Speed", he said, "should be an accomplishment, not an aim." The assistant's task was made easy by Moynihan's consistency. We always knew exactly what movement would follow the one just made, so that intelligent anticipation was hardly needed. Surgeon and assistant could work almost like parts of a machine. It was perhaps in the surgery of the biliary tract that I learned most of all. "Relaxants" were not yet included in the anaesthetist's repertory of drugs, and Moynihan always declared that he made things easy for himself by starting with an adequate incision. He would have no truck with sacrificing surgical advantage to cosmetic prejudice, and always obtained a full exposure. For the same reason he was able to dispense with the barbarous "gall-bladder bridge" for hyperextension of the lumbar spine, this being responsible for much post-operative pain. Having obtained his exposure Moynihan would declare that the rest of the operation was done by the left hand of the assistant, whose duty it was to keep the other viscera away from the field of operation with the aid of a gauze-covered rubber sheet. Every detail of the essentials of the operation was then done under complete visual control, and none of the formidable "accidents" of ordinary gall-bladder surgery could possibly occur. It was startling, however, to find how many of Moynihan's operations were undertaken to remedy the results of mistakes committed by others.

Suturing of the abdominal wall was always done with the utmost care and we never saw subsequent disruption in Moynihan's practice. But invariably we had to witness the insertion of an unnecessary stitch after the completion of the suture. It was called "My hypnotic stitch, because I sleep better if I know it's there." The sound healing of incisions was to be attributed partly to Moynihan's extreme care in haemostasis. He explained that he would go to any amount of trouble to avoid a haematoma in the wound, and he used special fine-pointed artery forceps for picking up small bleeding points. In this connexion he would tell of an incident when a German surgeon attending an International Surgical Congress in 1913 came to see him operate at Leeds. The visitor became very impatient at this careful haemostasis and, leaning over the rail of the gallery, asked, "Is then your English blood so *very* precious?" The events of the next five years gave added point to this story.

Moynihan habitually put surgery above all other activities in his life and regulated all his habits in the interests of his vocation. One of his most famous epigrams was his statement that he "was a physician doomed

to practise surgery". But this was of course entirely disingenuous, for he enjoyed every moment of the fate to which he was pleased to say he was "doomed". The epigram was intended to emphasize the part he played in directing the attention of physicians to the true nature of the processes of disease through his pursuit of the pathology of the living. Never did a victim meet his doom more happily, and he was content to forgo anything that might possibly interfere with his effectiveness as a surgeon. He gave up smoking when quite young and drank but little alcohol. He was abstemious in his food and contrived to maintain physical fitness with a minimum of exercise, though he would swim whenever the opportunity presented itself. Thus in spite of his one indulgence, hard work, he was never tired and hardly ever ill. Yet in December 1927 he began to feel the operation of that strange law by which a surgeon is destined sooner or later to experience in himself or in his family the very condition on which his interests are centred. So in his 62nd year Moynihan realized that he was suffering from a bleeding duodenal ulcer. He wrote down a detailed history of his symptoms and was at first driven to the conclusion that he had a gastric cancer. Fortunately his diagnosis was faulty, and when the correct explanation was established he offered himself to his surgical colleagues for treatment. His own advocacy of surgery as the correct treatment for duodenal ulcer had been so unvarying that he may have been dismayed when he was met with a refusal for his own ulcer. His illness was at first kept strictly secret, but as the news leaked out malicious rumours were, of course, soon in circulation. It was said that as there was only one surgeon really capable of operating properly, operation for this particular patient was impossible. But such insinuations were entirely unjust. Moynihan was the victim of an acute ulcer, not a chronic one, and his colleagues were fully justified in deciding that medical treatment was likely to be successful. He accordingly retired to a nursing home in North Wales, and having been found to be suffering from a severe degree of anaemia he called on me to give him a blood transfusion. It was with some trepidation that I carried out even this simple therapeutic operation on so critical a patient, but all went well and with characteristic enthusiasm he declared immediately after the completion of the transfusion that his mind was already clearer and his general condition improved. He made a good recovery and, though always careful in his diet, never, as far as I know, had any recurrence of the lesion.

When Moynihan came to St. Bartholomew's to take over the Surgical Unit for a few days, he did but little teaching in the wards. His time was given more to operating and delivering some lectures and addresses. I am told by those who had more opportunity of hearing him teach that he was regarded at Leeds as a very good teacher for those who wanted to learn, but was not popular among those whose chief aim was to pass their examinations. He was not interested in dispensing didactic instruction, in making lists for memorizing, or in providing tags for easy diagnosis.

He preferred to demonstrate diseased conditions at the bedside with careful reasoning based on the history and clinical signs, illustrated from the richness of his previous experience, often with humour, but never with levity. His extraordinary memory, his command of words, his capacity for clear reasoning were all brought into play. His flair for showmanship was not called upon in the wards. Probably this arose from his invariable respect for the patient's feelings and personality. It was repugnant to him to make a show of another human being.

Nevertheless, in other circumstances he could be one of the greatest showmen ever produced by our profession. I refer to his outstanding performances as an orator. Great oratory demands a variety of qualities, the chief of which are: Intellectual content with flashes of wit, a smooth flow of rhythmical sentences, judicious use of illustration and analogy, avoidance of clichés, a pleasant voice with variety of modulation, perfect articulation and audibility. Any good speaker will have some of these virtues. Moynihan had them all in a superlative degree.

I heard him deliver many speeches, but they were never just speeches. They were orations in the full sense of the word. They were composed with the greatest care, all but the longest were committed to memory and endlessly rehearsed in his garden before breakfast until he was word-perfect. The attainment of perfection was to him a worthy aim for any public appearance. Even his apparently "impromptu" efforts had been most carefully prepared. The result must, indeed, have possessed an element of acting, the performer projecting his personality and casting a spell over his audience. His command of the situation when speaking was complete, and it seemed effortless. He did not admit this, and would tell of a conversation between himself and Lloyd George when they were sitting together at a public luncheon at Leeds. Moynihan told his neighbour, "When I have to speak I feel I have a block of ice 18 inches thick resting on my epigastrium." Lloyd George grasped his arm: "Eighteen inches, did you say? Just the same thickness as mine!" It is difficult to believe that it was true of either of them. I can still recall the feeling of intense satisfaction derived from being in Moynihan's audience. I like to say this, for so noble a quality has ceased to exist when no one remains to say: "I heard him."

The occasions of the best of these orations were events such as the commemorations of Hunter, of Lister, of J. B. Murphy, the recording of his deepest feelings about the grandeur of his profession, and the advance of medicine and surgery.

Moynihan's oratorical powers were used not only in the service of his profession. During the first German war he made numerous speeches in England at army recruiting meetings, at gatherings for promoting benevolent funds, or for stimulating patriotic fervour. He also paid several

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visits during the war to the United States, where his speeches about the British war effort made a deep impression (Fig. 5). In July 1917 he delivered a memorable address on "The Causes of the War" to the Convocation of the American College of Surgeons. This included a study of Tyranny with its effect on states and individuals and the import-

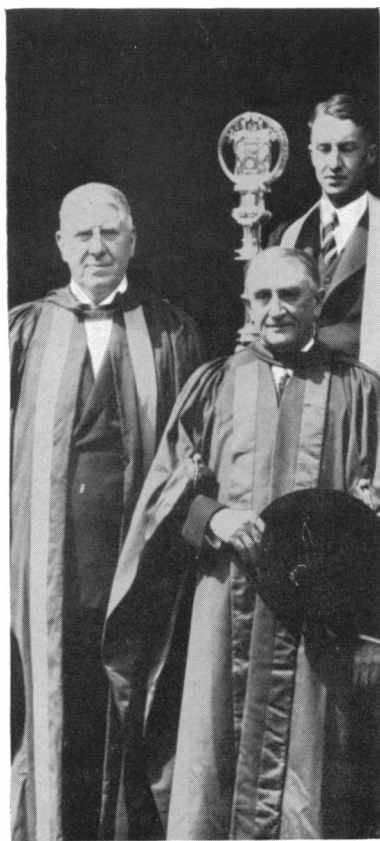


Fig. 5. Moynihan with Charles Mayo at Leeds.

ance of liberty to surgery and every other intellectual pursuit. "Progress in science", he said, "must, first and last, depend upon the unrestrained freedom of exercise of all the faculties of the human mind. Of these imagination is, perhaps, the chief. Imagination is the mother of fact. Or, one may say, it is the scaffold upon which one stands to build the structure of truth." He concluded with the words: "In this war, as I see it, we are fighting for liberty. Of the two discordant systems of morals

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one only must triumph and survive. If we compromise with that which we believe to be a principle of evil, a precursor of moral and intellectual death and dissolution, we are false to those who have given their most precious lives that truth might conquer at the last; but more than this, we are false to those who come after; we are shackling for generations to come the minds and the souls of men; we are failing in our plain duty to humanity."

A year before the war an American medical journal had said of a speech by him that it was an intellectual treat of a very high order. The speaker had marshalled his thoughts without the aid of notes in orderly logical



Fig. 6. The young Moynihan with Rutherford Morison at the Inaugural Meeting of the Chirurgical Club, 1909.

development, and clothed them in language of crystal clearness and simplicity beyond the possibility of misunderstanding. He spoke without effort and almost without pause, yet with unhurried and regular flow. He had a playful wit and a mobile face. So much, indeed, did American audiences appreciate his oratory that his presence after the war as Ambassador at Washington would have given great satisfaction. The suggestion must have given him pleasure, but his duty to British surgery and to his work at Leeds could not be put aside, and he had no hesitation in refusing.

How great our loss would have been can be partly judged by what I have already said of his work as surgeon and teacher. But there was another side to his character not yet mentioned. This was his capacity

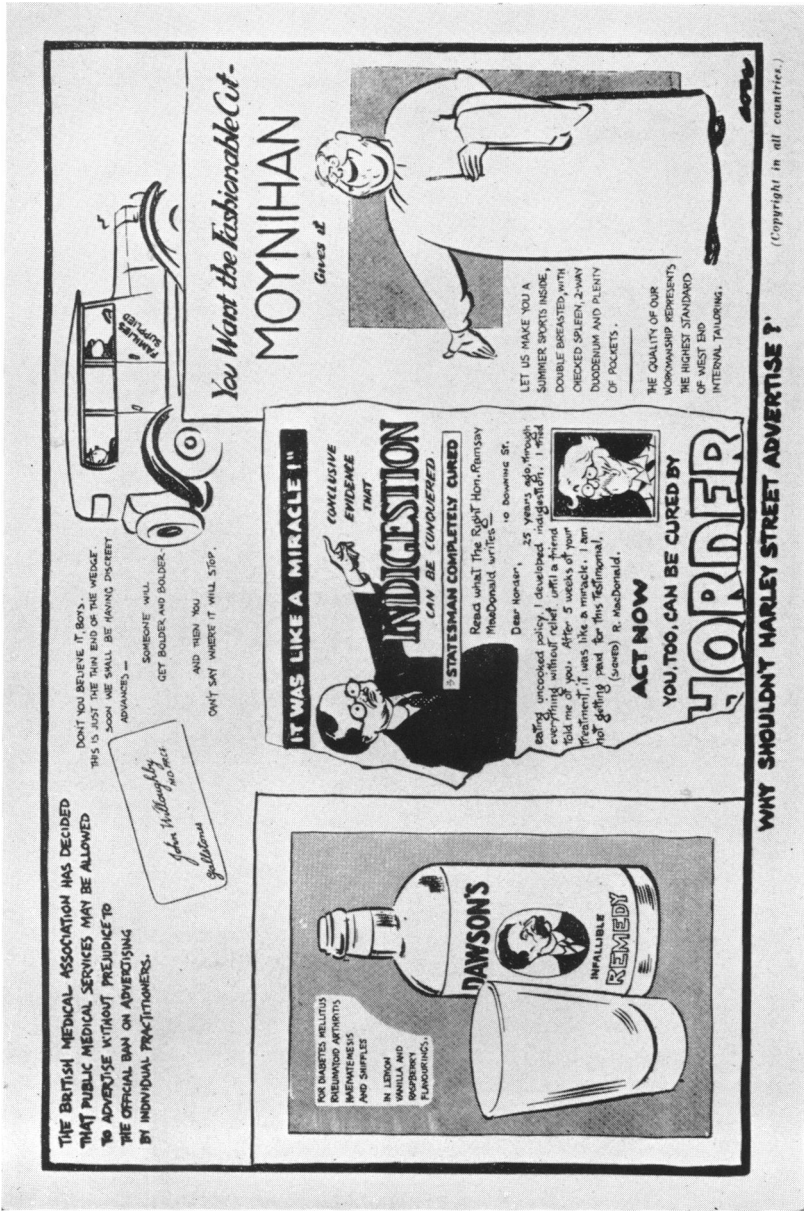


for friendship, for leadership, and for the employment of both qualities in starting great collective efforts for the furthering of surgery in Great Britain.

In 1909 he had been the founding father of the Chirurgical Club for provincial surgeons (Fig. 6), a venture which under his tutelage was immediately successful. He himself was demonstrating that so-called "provincial surgery" could transcend anything to be seen in the metropolis, and was giving great impetus to the advance of surgery in all parts of the country. About 1910 the idea of a *British Journal of Surgery* had started in Bristol in the minds of Hey Groves and his associates. Moynihan's advice was solicited and with his help the *Journal* was launched in 1912 under a committee representing London and many centres in England, Scotland and Ireland. Moynihan's influence was of great importance in steering the young *Journal* through the difficult years of the war.

Meanwhile the Chirurgical Club of Leeds had grown into being the Moynihan Chirurgical Club, and in 1920 the underlying idea of a still wider surgical fellowship proliferated in the birth of the Association of Surgeons of Great Britain and Ireland. All this depended upon the wholehearted support of many other distinguished members of the profession, but Moynihan was the acknowledged leader and catalytic agent. Soon afterwards the *British Journal of Surgery* was adopted as the official organ of the Association of Surgeons.

I need not enlarge on the importance of these events in the history of British surgery. In 1912, when Moynihan had received a knighthood he was also elected to the Council of the Royal College of Surgeons. It is related that at his very first attendance he spoke in opposition to the opinion of the President and carried his point. Details of the occasion are not recorded in the minutes, but heads were shaken over the new boy's temerity. Nevertheless this early instance of self-assertion in College affairs did not prevent his being elected President 14 years later, in 1926, or from his holding this office for six years—a longer period than it had been held by any of his predecessors in the chair. He was created Baronet in 1922 and in 1929 was elevated to the House of Lords as Baron Moynihan of Leeds. He took unaffected pride and pleasure in this honour accorded to his profession and himself, particularly because he was following Lister, the only surgeon to precede him in this high distinction. There have only been two since then—Lord Webb-Johnson and yourself, my Lord President. It is a distinction which gains lustre from its rarity. At the same time it must be remembered that medical peers are fair game for the cartoonists. Sir David Low did not spare them, and on one occasion exercised his satire on Viscount Dawson of Penn, Lord Horder and finally Lord Moynihan (Fig. 7).



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Fig. 7. Cartoon by Sir David Low.

#### MOYNIHAN OF LEEDS

In all his addresses, in all his teaching Moynihan always had at his command the history of the subject in hand. He was filled with a sense, not only of the romance of history, but also of its relevance to the problems of to-day. Yet occasionally he seemed to forget one of the most important lessons of history—that progress so often comes when it is least expected. In 1926 he asked this question: “If, then, the mere technique of surgery has almost reached its limits, if no further great developments of the power of our hands is possible, how is surgical work to advance?” He answered that we should seek to obtain earlier access to our patients



Fig. 8. Moynihan at his country house.

and we should use greater efforts to improve their chances before operation and to help them after the operation is completed. For once he seemed to doubt the continuance of the creative power of surgery, and how signally his powers of prediction had failed! His gaze was fixed too much on the surgeon. He omitted to take into account the possibility of a revolution in the allied science of anaesthesia, a revolution which has permitted surgical technique to advance almost as much since his death as it had during his lifetime.

The warning is now patent to us all. Yet let us not forget that few can claim to have influenced the course of surgery so profoundly as Moynihan had done.

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By the time he was aged 64 he had received practically every form of recognition that he could reasonably expect. Nevertheless there was one that he still coveted, more perhaps because it would have secured for surgery the status of a true science than for his personal aggrandisement. In an address delivered in 1925 on "The Debt of Pure Science to Medicine" he had reviewed the history of scientific contributions made by doctors.



Fig. 9. Lord Moynihan of Leeds.

He came to the real purpose of his theme near the conclusion when he said: "The highest form of the experimental method in medicine is that which surgery offers. . . . Surgery is now a strong arm of research and has accomplished much in many directions. In the last half century the operation theatre has proved to be a most procreant laboratory. Our knowledge of all abdominal diseases has been so greatly and so quickly changed by operative research that a complete revolution in thought and action has

resulted." These sentences were certainly connected with his sense of deprivation in that he had not received the Fellowship of the Royal Society.

More than once he criticized in public the exclusiveness of the Council of the Royal Society as shown by the fact that no practising surgeon of his time had been elected to the Fellowship. Finally he committed the indiscretion of writing a letter to *The Times* in which he levelled his complaint at the President of the Royal Society. Inevitably this aroused suspicions that his motive was personal and ensured that he was never to receive this recognition of his work.

He liked to criticize the scientists for their absorption in laboratory techniques. In 1927 he said at a B.M.A. meeting: "The physiologists owing to their concern with mice rather than with men have not kept pace with the surgeon in his advancing knowledge of the normal and disordered functions of the abdominal viscera." He did not quite appreciate the distinction between "pure science" of to-day, with the precision of its methods and results, and the relatively imprecise and coarse techniques employed in surgery, even in the branch of investigation favoured by himself and dubbed "the pathology of the living". Perhaps he would not have admitted that any such distinction existed.

In this address I have attempted, my Lord President, to sketch briefly an image of this great-hearted man and to remind an audience gathered in this College of the magnitude of his contribution to British surgery. I have not tried to hide his faults. They were superficial and indeed helped to impress his message on others. Association with him brought to me, at any rate, one of the greatest enjoyments of my life.

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## APPOINTMENT OF FELLOWS TO CONSULTANT AND OTHER POSTS

P. CLARKSON, M.B.E., F.R.C.S.	Honorary Consultant Plastic Surgeon to the Johns Hopkins Hospital.
R. DATTA, F.R.C.S.	Consultant Surgeon, G.B. & V.M. Hospitals Tripura, India.
R. M. HUMBLE, F.F.A.R.C.S.	Consultant Anaesthetist, Dumfries and Galloway Royal Infirmary and Associated Hospitals.
L. J. LAWSON, F.R.C.S.	Consultant Surgeon, North Staffordshire Group of Hospitals.
A. LEVENE, F.R.C.S.	Consultant Surgical Pathologist, The Royal Marsden Hospital.
C. E. MOORE, F.R.C.S.	Honorary Assistant Eye Surgeon, Royal Adelaide Hospital, South Australia.
W. F. PERERA, F.R.C.S.	Assistant Surgeon, Cardiac Surgery Unit, General Hospital, Colombo, Ceylon.
S. SINNATHAMBY, F.R.C.S.	Consultant Surgeon, General Hospital, Batticaloa, Ceylon.